

# Seal Beach Community Services Department

211 Eighth Street, Seal Beach, Ca 90740

Community Services Office (562) 431-2527 Ext. 1344 • Office Fax (562) 430-3498

## CLASS REGISTRATION FORM

ADULT NAME: \_\_\_\_\_  
LAST NAME FIRST NAME

E-MAIL: \_\_\_\_\_

ADDRESS: STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME # \_\_\_\_\_ WORK# \_\_\_\_\_ MOBILE # \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

Dr LIC #: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

☐ Check if address or phone number has changed (For returning Participants only)

PARTICIPANT 1st NAME	LAST NAME	BIRTH DATE	CLASS #	CLASS TITLE	START DATE	FEE \$
						TOTAL \$

### RELEASE AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless the City of Seal Beach, its officers, employees, agents and volunteers from and against any and all claims, damages, liability, bodily injury, death, expenses, and judgments, including attorney fees, expert witness fees and court costs in any way arising from my (or my child's) participation in the program for which I am registering him/her. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Seal Beach to photograph me or my child participating in this event or activity for advertising purposes for the City of Seal Beach and acknowledge I will not receive any compensation for such use. My signature acknowledges that I understand and agree to the above conditions.

DATED: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(PARTICIPANT/PARENT OR GUARDIAN)

### METHOD OF PAYMENT

MAKE CHECK PAYABLE TO CITY OF SEAL BEACH

☐ CHECK #: \_\_\_\_\_

☐ CASH

☐ VISA  ☐ MASTERCARD  (NO DEBIT CARDS) TOTAL CHARGED TO ACCT: \$ \_\_\_\_\_

CARD # --- EXP. DATE -

SIGNATURE \_\_\_\_\_ TOTAL CHARGED TO ACCT: \$ \_\_\_\_\_